



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

349 BROADWAY
3 copies

Signed under the pains and penalties of perjury, this 25 day of NOV, 20 11.

Kelly A Como
Signature

KELLY A COMO
Print Name





CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD/ALTER/REPAIR
IN ACCORDANCE WITH SECTION 18B
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICIAL USE ONLY

FEE: \$ 391.00
DATE REC'D: 9/13/08
ACCEPTED BY: JA
DATE ISSUED: 10/6/08
DATE DENIED:
PERMIT NO: BP-08-3356

1. LOCATION OF PROPERTY (NO. AND STREET) <u>349 Broadway</u>		MAP <u>58</u> BLOCK <u>D</u> LOT <u>17</u>	
2. NAME AND ADDRESS OF PROPERTY OWNER <u>K & T Corp - 20 Red Coat Rd</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>FRAMINGHAM, MA 01701</u>			
REGISTRATION NUMBER <u>CONTAINO</u>		TELEPHONE <u>-508 277-6625</u>	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>Ronald Maia</u>			
CONST. SUPER. LIC. NO. <u>07920</u>		H.L.C. REC. NO. <u>1057</u>	
5. ZONING DIST. <u>BA</u>		TYPE OF PERMIT: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD <u>4</u>		<input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
7. CURRENT USE(S) <u>RESTAURANT</u>		PROPOSED USE(S)	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP <u>B</u>	
9. ESTIMATED CONSTRUCTION COST			
10. WHAT IS THE CONSTRUCTION TYPE? <u>CONCRETE</u>		PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. LOT DIMENSIONS		AREA	
12. PROPOSED SETBACKS		FRONT YARD	
13. HEIGHT OF STRUCTURE (FT.)		TOTAL SQUARE FOOTAGE	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER	
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY <u>WASTE MANAGEMENT</u>		DISPOSAL SITE ADDRESS	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION

(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

RENOVATE INTERIOR - REMOVE CARPET - INSTALL CERAMIC/HARDWOOD
FLOOR - PAINT - REMOVE OUTLETS FOR ELECTRICAL EQUIPMENT
COFFEE MACH/REFRIG/DISPLAY CASES ETC. SOME PLUMBING
INSTALL NEW COUNTER/DISK OVEN -
PLUMBING - INSTALL GAS OVEN - REPLACE EXISTING SINK
DISCONNECT SEWER - INSTALL NEW ONE -
INSTALL - ELECTRICAL - BLENDERS - MIXERS
CONCRETE INTO 4x30" INSIDE PROPERTY
RECONSTRUCT DRAINAGE ON SIDE - INSTALL CONCRETE BLOCK AS BACK ON
WATER DEPT. 10-6-08 Waste Management

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

RONALDO MAIA

Print name clearly

39 BREAKWATER DRIVE

Street

CHELSEA

City

MA

State

02150

Zip

617 9471040

Phone number when you can be reached days

APPROVED

Pl. D. Maia

Inspector's Name and Title

**** Building Permit issued pursuant to Massachusetts Building Code Requirements ****

SECTION 18B.2

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD/ALTER REPAIR
IN ACCORDANCE WITH SECTION 140.0
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE 210.00

DATE/REC'D: 3-4-10

ACCEPTED BY: AB

DATE ISSUED: 3-4-10

DATE DENIED: _____

PERMIT NO. BP 10.5418

1. LOCATION OF PROPERTY (NO. AND STREET) <u>349 BROADWAY</u>		MAP <u>58</u> BLOCK <u>D</u> LOT <u>1</u>	
2. NAME AND ADDRESS OF PROPERTY OWNER <u>20 NEW/COAT / 145. PLEASANT ST MA</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER			
REGISTRATION NUMBER		TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER			
CONST. SUPER. LIC. NO.		H.I.C. REG. NO.	
SIGNATURE (REQ'D)			
5. ZONING DIST. <u>R-2</u> TYPE OF PERMIT: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY			
6. WARD <u>4</u> <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER			
7. CURRENT USE(S) <u>RESTAURANT</u> PROPOSED USE(S)			
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS USE GROUP			
9. ESTIMATED CONSTRUCTION COST <u>12,000.00</u>			
10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. LOT DIMENSIONS		AREA	
FRONT YARD		REAR YARD	
RIGHT SIDE		LEFT SIDE	
12. PROPOSED SETBACKS		FRONT YARD	
REAR YARD		RIGHT SIDE	
LEFT SIDE			
13. HEIGHT OF STRUCTURE (FT.)		TOTAL SQUARE FOOTAGE	
NUMBER OF STORIES			
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY		DISPOSAL SITE ADDRESS	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS." PLEASE BE SPECIFIC)			
<u>REMOVE EXISTING RESTAURANT AND RE-INSTALL BUILDING</u>			
<u>REPLACE EXISTING FRONT AND SIDE OF THE BUILDING</u>			
<u>PLUS REPLACE EXISTING FRONT + REMOVE EXISTING</u>			
<u>METAL BOXES AND INSTALL 6 FRONT LIGHTS - 6 SIDE LIGHTS</u>			
<u>(110 S.F.) total -</u>			

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE

PAULO

Signature of Owner or Authorized Agent

PAULO THOMAS CAMPOS

Print name clearly

350 MYSTIC ST

Street

SOMERVILLE

City

MA

State

02149

Zip

617 381 4606 / 617 216 7140

Phone number where you can be reached days

APPROVED

Inspector Name and Title

** Building Permit issued pursuant to Massachusetts Building Code Requirements **

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)